Attachment A

USE BACK FOR ADDITIONAL SPACE

ORDER	NO.	
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ORLEANS PARISH EOC RESOURCE REQUEST FORM

Directions: All agencies operating within Orleans Parish will use this form to request needed resources. Requests must state complete, accurate, and specific information. <u>ALL REQUESTS ROUTE TO THE OEP FOR APPROVAL AND DISPOSITION</u>. Requests approved by Department and OEP for City procurement route to the City Purchasing Bureau ESF-7. The Requesting Agency is responsible to obtain all required signatures.

REQUESTOR IS RESPONSIBLE FOR COMPLETING FEMA PROJECT WORKSHEET

Requesting Agency: Author			cy Signature 8	Title:		Date:		
Requestor's Name and	Title (Printed)		Requestor's	Bhana Na	T =			
	ride (Frince)	İ	requestor s	riione no:	Requestor	s Email or PIN:		
Alternate Requestor N	ame, Phone/Email				<u> </u>			
Resource Requested:								
How Many	Unit of Measure:	Cost Per Unit	or Total	Resource Available Loc	ally When	Needed (Date/Time)		
What will the Resource	be Used For							
Justification for Purcha	Se							
VENDOR TAX ID:								
VENDOR NAME/E	MAIL/ADDRESS:							
Resource Needs to Incl	ude: Operator 🔲	Food Water	Lodging	☐ Fuel ☐ Mainter	22000	ower Refrigeration		
☐ Special Delivery Me	ans Other (state):			, Direct Distance		ower El Kemgeration		
	ALL DELIVERIES	NILL BE MAD	E TO THE	EOC LOGISTICS V	VAREHOU	SE		
List Final Delivery Information DEPARTMENT NAME	nation Below							
DEPARTMENT NAME LOCATION Authorized Contact on Scene On-Scene Contact Phone I (Name/Position)					ene Contact Phone No.			
Additional Information/S								
Additional information/o	pecial instructions:					****		
OEP DIRECTOR ACTIO	121			Secretary and a second				
() Request approved.	Apply existing City res	ource (•		
 Request approved. 	Refer to Purchasing Ru	treatt for expedite	d City procure	ment and/or purchase.		_		
() Request approved.	Deferaction. OE	P Director Signati	resource. Re ure:	fer for state or federal as	sistance.	DATE:		
() Request denie	ed	•				DATE.		
						•		
PURCHASING ADMINI	STRATOR APPROVAL	•	S	ignature:	Prin	ted Name & Title if Other		
Approval of Purchase by Purchasing Administ		sing Admin Asst	П р.ш.ь					
n department of survival and	一个一个多个人的		LI Purch	asing Agent Asst	Other Purch.	Staff Control of Carte Services		
WAREHOUSE TRAC						en in an ing me di stant stantasia.		
RESOURCE REC'D I								
NEGOCIACE DEGIVE		NAME & TITLE		AGENCY		DIVISION		
				AGENOT		DIAIDIOM		

Purchase Order #______ Issued by ______

Attachment B

EMERGENCY CONTRACT EXPEDIENCY FORM

	(To be completed by the De	partment)	
CONTRACT REQUEST NUMBER (FR	OM BUYSPEED):		
ORIGINATING DEPARTMENT:			
BRIEF DESCRIPTION:			
Department Director:			
	Signature		
Director of Finance or Delegate: _			
	Signature		
Director NOHSEP or Delegate: _			
	Signature		
	(Law Department Us	e Only)	
Accepted as Comp	lete		
Returned to Depar	rtment for the following reasons	:	
Ву:			
(Name)		(Date)	

CITY OF NEW ORLEANS DEPARTMENT OF FINANCE PURCHASING BUREAU

EMERGENCY PHONE BID QUOTE FORM

Date of Quote(s):				Department Name			Resource Request Form No.		
Description of Needed Goods:									
Delivery Time, Performance, Warranty & Other Requirements:									
(Check O		ADDITIONAL INFORMATION:							
□Phon □Fax □ Onlin		*JUSTIFICATION IF LOWEST PRICE NOT SELECTED:							
		l			Quotes Received:				
QUOTE NO.	BUSINE	SS NAME	NAME OF PER PROVIDING THE		COMPLETE ADDRESS, PHONE NUMBER FAX NO. & EMAIL ADDRESS IF USED		\$ DOLLAR QUOTE		
1									
2									
3									
4									
Add additional sheet if needed for quotes. PRINTED NAME OF CONTACT PERSON CONTACT PHONE NUMBER									